

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10600693**  
APPLICANT(S)

FILING DATE

CLAIMS					
AS FILED		ADDITIONAL AMENDMENT		ADDITIONAL AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	1	1			
2	1	1			
3	2	2			
4	0	0			
5	0	0			
6	0	0			
7	0	0			
8	1	1			
9	1	1			
10	1	1			
11	1	1			
12	1	1			
13	1	1			
14	1	1			
15	1	1			
16	2	2			
17	1	1			
18	1	1			
19	1	1			
20	1	1			
21	1	1			
22	1	1			
23	1	1			
24	0	0			
25	0	0			
26	0	0			
27	0	0			
28	1	1			
29	1	1			
30	1	1			
31	1	1			
32	1	1			
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TOTAL IND.	6	6			
TOTAL DEP.	32	32			
TOTAL CLAIMS	38	38			

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TOTAL CLAIMS					